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SAFETY CHECKLIST - WORK AT HOME PROGRAM EMPLOYEE CERTIFICATION

NAME		CODE NUMBER
AGENCY	AGENCY SUBCOMPONENT	
ADDRESS	CITY	STATE
BUSINESS TELEPHONE	AGENCY COORDINATOR	

Dear Flexiplace Participant,

The following checklist is designed to assess the overall safety of the alternative worksite. Each participant should read and complete the self-certification safety checklist. Upon completion the checklist should be signed and dated by the participating employee and immediate supervisor.

The alternate worksite is _____ .

Describe the designated work area _____

_____

1.	Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires flexible wires running through walls, exposed wires fixed to the ceiling)?	Yes ☐	No ☐
2.	Are all electric cords or phone cords run across aisles or passageways covered?	Yes ☐	No ☐
3.	Are phone lines, electric cords, and extension wires secured under desks or alongside baseboards?	Yes ☐	No ☐
4.	Is all electrical office equipment ground and protected by a surge protector?	Yes ☐	No ☐
5.	Are all extension cords in use of appropriate wiring to carry the current being drawn?	Yes ☐	No ☐
6.	Have you received training in general safe and healthy work practices?	Yes ☐	No ☐
7.	Are all places of employment kept clean and orderly?	Yes ☐	No ☐
8.	Are restrooms and washrooms available kept clean and sanitary?	Yes ☐	No ☐
9.	Are floors, aisles, and passageways kept clean and dry and all spills cleaned up immediately?	Yes ☐	No ☐
10.	Are all exit routes always kept free of obstructions?	Yes ☐	No ☐
11.	Are there standard stair rails or handrails on all stairways having four or more raisers?	Yes ☐	No ☐

12. Are all pieces of furniture adjusted, positioned and arranged to minimize strain on all parts of the body?

Yes ☐ No ☐

13. Is the work area's ventilation appropriate for work being performed and comfortable to work in?

Yes ☐ No ☐

14. Are all work areas adequately illuminated?

Yes ☐ No ☐

EMPLOYEE' S SIGNATURE	DATE
IMMEDIATE SUPERVISOR'S SIGNATURE APPROVED ☐ DISAPPROVED ☐	DATE

SPECIAL NOTE: SUPERVISORS ARE ENCOURAGED TO ADDRESS SAFETY CONCERNS FOR ANY EMPLOYEE CHECKING FIVE OR MORE NO ANSWERS. EMPLOYEES ARE RESPONSIBLE FOR INFORMING THEIR SUPERVISOR OF ANY SIGNIFIGANT CHANGE.

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